# **Attachment 12**

Case 1:05-cv-02149-JSR Document 36-19 Filed 08/17/2005 Page 2 of 5

### VIA FAX



## Aon Natural Resources

1330 Post Oak Boulevard, Suite 900 Houston, Texas 77056

Telephone: (832) 476-6000; Telefax: (832) 476-6590

REPORT OF LOSS ON:

Protection & Indemnity

DATE:

March 4, 2003

INTEREST

To:

COMPANY

Services Limited (AEGIS), Hamilton, Bermuda per Origin Limited, London, U.K.

POLICY NO. ARS-3175

100%

c/o JLT Risk Solutions Limited London, England, U.K. Attn: Mr. Simon Dawes

Associated Electric & Gas Insurance

Please accept notice of the following casualty which may result in a claim for:  Damage to Property				
Name of the Assured: Horizon Offshore, Inc. and Horizon Offshore Contractors, et al.				
Policy Inception: 2/20/02 Date of Casualty: 2/27/03 Policy Expiration: 5/1/03				
Insured Vessel: GULF HORIZON Limit of Liability \$ 950,000 O. A. O.				
Excess of: \$ 50,000 Deductible: \$ N/A AAD: \$ N/A Stop Loss: \$ N/A				
Place where casualty occurred: Long Island Sound, NY				
Nature of Casualty: Whilst performing pipelaying operations (pipe burial) the insured vessel's anchor cable parted and allegedly				
damaged a sub-sea power cable owned by the New York Power Authority.				
Estimated amount of entire loss \$ (unknown) Excess \$ N/A				
Instructed:				
Remarks: Details of casualty and developments will be reported in due course.				
Claim #: 03-M5058 Producer: BJ Claims Made: No				
client's Claim #:				
Jarkes I. Montano If you have any instructions to give, please advise us promptly.				
PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE				
Signature:				

\ustxhou2k1\shared\BUSINESS UNITS\ANR\Claims\Claims Shared\Horizon\63-M5058,doc-1

#### **VIA FAX**



### Aon Natural Resources

1330 Post Oak Boulevard, Suite 900 Houston, Texas 77056

Telephone: (832) 476-6000; Telefax: (832) 476-6582

REPORT	FOF LOSS ON:	Excess P & I	DATE:	April 18, 2003
То:	COMPANY The Steamship Mutual Underwriting Associ c/o JLT Risk Solutions Attn: Terry Cornick	ation (Bermuda) Ltd.	POLICY NO. ARS-3176	<u>INTEREST</u> 100.0%
Please acce	ept notice of the following	g casualty which may result in a c	laim for: Damage to Property	
Name of the	e Assured: Horizon Off	fshore, Inc. and Horizon Offshore	Contractors, et al.	
Policy Incer	ption: 02/20/02	Date of Casualty: 2/27/03	Policy Expiration: 5/1/03	1877-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
Insured Ves	ssel: <u>GULF HORIZO</u>	Ν	Limit of Liability \$ Per Rule	es
Excess of: S	\$ <u>1,000,000</u> Ded	uctible: \$ 50,000 AAD:	\$ <u>15,000,000</u> Stop Loss: \$	N/A
Place when	e casualty occurred:	Long Island Sound, NY		
Nature of C	asualty: Whilst perf	orming pipelaying operations (pip	e burial) the insured vessel's anchor	cable parted and allegedly
damaged	a sub-sea power cable o	wned by the New York Power Au	thority.	
Estimated a		\$ 1,000,000 vons, Skoufalos, Proios & Flood, I	Excess  LP to represent their interests.	s \$ <u>1,000,000</u>
Remarks:	Our email message of	16 April 2003 refers.		
Claim #:	03-M5058-X	Producer: BJ	Claims Made:	
Client's Cla	im #:			~
If you have	•	please advise us promptly.  WLEDGE RECEIPT BY SIGNING	James I. Montano  G AND RETURNING A COPY OF TH	IS NOTICE
Signature:				
Claim Num	ber:			



## Aon Natural Resources

#### 1330 Post Oak Boulevard, Suite 900 Houston, Texas 77056

Telephone: (832) 476-6000; Telefax: (832) 476-6582

To: COMPANY American Home Assurance Company via American International Martine Agency Attr.: Jack Molkentin  Please accept notice of the following casualty which may result in a claim for: Damage to Property  Name of the Assured: Horizon Offshore, Inc. and Horizon Offshore Contractors, et al.  Policy Inception: 02/20/02 Date of Casualty: 2/27/03 Policy Expiration: 5/1/03 Insured Vessel: GULF HORIZON Limit of Liability \$ 10,000,000  Excess of: \$ 1,000,000 Deductible: \$ N/A AAD: \$ N/A \$ Stop Loss: \$ N/A  Place where casualty occurred: Long Island Sound, NY  Nature of Casualty: Whilst performing pipelaving operations (pipe burial) the insured vessel's anchor cable parted and allegedly damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$ (unknown)  Assured have Instructed Lyons, Skoulatos, Prolos & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature: Claim Number:	REPORT OF LOS	SON: E	xcess Liabilities		<del></del>	DATE:	May 21, 2003
Name of the Assured: Horizon Offshore, Inc. and Horizon Offshore Contractors, et al.  Policy Inception: 02/20/02 Date of Casualty: 2/27/03 Policy Expiration: 5/1/03 Insured Vessel: GULF HORIZON Limit of Liability \$ 10,000,000  Excess of: \$ 1,000,000 Deductible: \$ N/A AD: \$ N/A Stop Loss: \$ N/A  Place where casualty occurred: Long Island Sound, NY  Nature of Casualty: Whilst performing pipelaying operations (pipe burial) the insured vessel's anchor cable parted and allegedly damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$ (unknown)  Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	American F via Amer	lome Assuranc rican Internation					
Policy Inception: 02/20/02 Date of Casualty: 2/27/03 Policy Expiration: 5/1/03 Insured Vessel: GULF HORIZON Limit of Liability \$ 10,000,000  Excess of: \$ 1,000,000 Deductible: \$ N/A AAD: \$ N/A Stop Loss: \$ N/A  Place where casualty occurred: Long Island Sound, NY  Nature of Casualty: Whilst performing pipelaying operations (pipe burial) the insured vessel's anchor cable parted and allegedly damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$ (unknown)  Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  By: Jakes I. Montano  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Please accept notice of the	he following ca	sualty which may resu	ılt in a claim	for: Damage to	o Property	
Insured Vessel: GULF HORIZON Limit of Liability \$ 10,000,000  Excess of: \$ 1,000,000 Deductible: \$ N/A AAD: \$ N/A Stop Loss: \$ N/A  Place where casualty occurred: Long Island Sound, NY  Nature of Casualty: Whilst performing pipelaying operations (pipe burial) the insured vessel's anchor cable parted and allegedly damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$ (unknown)  Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Name of the Assured:	Horizon Offsho	re, Inc. and Horizon C	Offshore Con	tractors, et al		
Excess of: \$ 1,000,000 Deductible: \$ N/A AD: \$ N/A Stop Loss: \$ N/A  Place where casualty occurred: Long Island Sound, NY  Nature of Casualty: Whilst performing pipelaying operations (pipe buriat) the insured vessel's anchor cable parted and allegedly damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$ (unknown)  Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Flemarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Policy Inception: 02/20	/02 Dat	e of Casualty: _2/27/	03	Policy Expirat	ion: <u>5/1/03</u>	······
Place where casualty occurred: Long Island Sound, NY  Nature of Casualty: Whilst performing pipelaying operations (pipe burial) the insured vessel's anchor cable parted and allegedly damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$ (unknown)  Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  by: Jaws I. Montano  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Insured Vessel: GUL	F HORIZON		····	Limit of Liability \$	10,000,0	00
Nature of Casualty: Whilst performing pipelaying operations (pipe burial) the insured vessel's anchor cable parted and allegedly damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$ (unknown)  Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #: by: Janes I. Montano  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Excess of: \$1,000,00	0 Deductif	ole: \$ <u>N/A</u>	AAD: \$	<u>N/A</u>	Stop Loss: \$	N/A
damaged a sub-sea power cable owned by the New York Power Authority.  Estimated amount of entire loss \$(unknown)  Assured have	Place where casualty occ	curred: <u>Lo</u>	ng Island Sound, NY	·			
Estimated amount of entire loss \$(unknown)  Assured have InstructedLyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks:Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #:	Nature of Casualty:	Whilst perform	ing pipelaying operati	ons (pipe bu	ial) the insured ve	ssel's anchor c	able parted and allegedly
Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #:	damaged a sub-sea por	wer cable owne	ed by the New York Po	wer Authorit	У-		
Assured have Instructed Lyons, Skoufalos, Proios & Flood, LLP to represent their interests.  Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #:							
Remarks: Primary carrier AEGIS have posted policy limit reserve. Additional information to follow.  Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  by: Janes I. Montano  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Estimated amount of enti	ire loss \$	(unknown)				
Claim #:	Assured have Instru	cted Lyons	, Skoufalos, Proios &	Flood, LLP t	o represent their in	terests.	
Claim #:	<u>.</u>						
Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  by:  Jaces I. Montano  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Remarks: Primary can	rrier AEGIS hav	e posted policy limit r	eserve. Add	litional information	to follow.	
Claim #: 03-M5058-X Producer: BJ Claims Made: No  Client's Claim #:  by:  Jaces I. Montano  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	w^2	<del></del>					
Client's Claim #:  by:  James I. Montano  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:		· · · · · · · · · · · · · · · · · · ·				***************************************	
by:  Jan S I. Montano  If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Claim #: 03-M5058-X		Producer:	BJ	1	Claims Made:	No
If you have any instructions to give, please advise us promptly.  PLEASE ACKNOWLEDGE RECEIPT BY SIGNING AND RETURNING A COPY OF THIS NOTICE  Signature:	Client's Claim #:	***************************************		by;	J.S.V	N 1.	
Signature:	If you have any instruction	ons to give, plea	ase advise us prompti	'y.	Ja 🎉 I. Montan	0	
	PLEAS	SE ACKNOWL	EDGE RECEIPT BY S	SIGNING AN	D RETURNING A	COPY OF THIS	NOTICE
Claim Number:	Signature:						
	Claim Number:		WWW.				***************************************

ARS-TX 0041



## Aon Natural Resources

#### 1330 Post Oak Boulevard, Suite 900 Houston, Texas 77056

Telephone: (832) 476-6000; Telefax: (832) 476-6582

REPORT OF LOSS ON:	Excess Liabilities	DATE:	July 16, 2003
via Brockbank Insu Liberty Insurance Und American Home Assu via American Interi Navigators Insurance	ce Company (PMEX857027)  Irrance Services, Inc. Iderwriters (NY039204002)  Irrance Company (C1769)  Inational Marine Agency, Inc.  Irrance Company (02L1799-01)  Irrance Services of Texas, Inc.	POLICY NO. ARS-3215	20.00% 25.00% 26.43% 28.57% 100.00%
Please accept notice of the following	ng casualty which may result in a clair	m for: Property Damage	
Name of the Assured: Horizon C	offshore, Inc. and Horizon Offshore Co	ontractors, et al.	
Policy Inception: 04/09/02	Date of Casualty: 2/27/03	Policy Expiration: 5/1/03	
Insured Vessel: GULF HORIZO	ON	Limit of Liability \$ 140,000	,000
Excess of: \$ 10,000,000 De	ductible: \$ N/A AAD: \$	N/A Stop Loss: \$	N/A
Place where casualty occurred:	Long Island Sound, NY		
Nature of Casualty: Whilst pe	rforming pipelaying operations (pipe l	burial) the insured vessel's anchor	cable parted and allegedly
damaged a sub-sea power cable	owned by the New York Power Author	ority.	
Estimated amount of entire loss	\$ (Unknown)	Excess	5 \$
The Assured Instructed	attorneys Lyons, Skoufalos, Proios &	Flood, to investigate. Additional in	formation to follow.
Remarks:			
Claim #: 03-M5058-XA	Producer: BJ	Claims Made.	No
Client's Claim #:	by:	[Me]	
If you have any instructions to give	·	James I. Montano	
PLEASE ACKN	OWLEDGE RECEIPT BY SIGNING	AND RETURNING A COPY OF TH	IS NOTICE
Signature:			-phylogygap y parameter and an annual filtratury bushed 65000
Claim Number:			